

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name		Date Stamp	California Form 802
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing:	
		(Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 23.00

Event Description Natural History Museum
Provide Title/Explanation

Date(s) 01/02/2020

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Natural History Museum
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per Ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Barbara Garcia	Ticket Administrator	7/7/2019
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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Date(s) 01/02/2020

If no: Natural History Museum
Name of Source

If yes: _____
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 Signature of Agency Head or Designee	Barbara Garcia Print Name	Ticket Administrator Title	7/7/2019 (Month, Day, Year)
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Event Description: Natural History Museum
Provide Title/Explanation

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Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 23.00

Date(s) / / 01 / 02 / 2020

If no: Natural History Museum
Name of Source

If yes:
Official's Name (Last, First)

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Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	23.00
Event Description	Natural History Museum <small>Provide Title/Explanation</small>	Date(s)	<input type="text"/> / <input type="text"/> / <input type="text"/> 01/02/2020
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Natural History Museum <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	<input type="text"/> <small>Official's Name (Last, First)</small>

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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Date(s) 01/02/2020

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Staff	3	Per Ticket policy 5.3 (k)
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